

FILED VS OCT 26 1960

-60-040056

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9860

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b		c. CITY OR TOWN St. Ferdinand Twp	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1001 Prigge Rd.,	
3. NAME OF DECEASED (Type or print) First LAWRENCE Middle H. Last OYEN				4. DATE OF DEATH Month October Day 10th Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/52	9. AGE (last birthday) 8	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy		10b. KIND OF BUSINESS OR INDUSTRY school		11. BIRTHPLACE (City and state or country) Kieler, Wisc		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alfred Oyen		13b. MOTHER'S MAIDEN NAME Helen Ritter		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Helen Oyen, 1001 Prigge Rd			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL EDEMA						INTERVAL BETWEEN ONSET AND DEATH 9/6.0 3 DAYS	
DUE TO (b) CARDIAC ARREST						16 3 DAYS	
DUE TO (c) ANESTHESIA FOR SKIN GRAFTING OF BURNS						3 DAYS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 60% 3RD DEGREE BURNS 6 WEEKS AGO.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) BURNING GASOLINE CAUGHT CLOTHES AFIRE					
20c. TIME OF INJURY Hour a.m. p.m. Aug. 31, '60							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35 HOME		20f. CITY, TOWN, OR LOCATION ST. LOUIS		COUNTY MO. STATE MO.	
21. I attended the deceased from Aug. 31, 1960 to Oct. 10, '60 and last saw him alive on Oct. 10, 1960 Death occurred at 7:25 AM. Oct. 10, '60 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Eugene H. Elie M.D.				22b. ADDRESS 10011 BELLEFONTAINE RD.		22c. DATE SIGNED 10-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/13/60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry				25. DATE RECD. BY LOCAL REG. OCT 11 1960		26. REGISTRAR'S SIGNATURE Joan Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

State of Missouri

Department of Health

Division of Health

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State of Missouri

Division of Health

Certification of Embalmer

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.